IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA
JUVENILE DIVISION

IN THE INTEREST OF: CASE NUMBER: _____
DIVISION: _____

_____ DOB: _____
Child Name

_____ DOB: _____
Child Name

_____ DOB: _____
Child Name

_____ DOB: _____
Child Name

_____ DOB: _____
Child Name

PRO SE REQUEST FOR REVIEW HEARING, MOTION FOR MODIFICATION OF CUSTODY AND/OR VISITATION, OR MOTION FOR ENFORCEMENT

1. Petitioner(s), _____is/are the ☐ Nature Parent(s)
(Print Name)
☐ other _____ of the above named child(ren).

2. The minor child(ren)was/were adjudicated dependent on _____.
(Adjudication Date)
3. Protective services supervision terminated ☐ yes or ☐ no _____.
(Date Terminated)
4. The present Primary Parental responsibility/custody of the minor child(ren) is with _____ who is the child(ren's) ✓please check one ☐ Natural Mother, ☐ Natural Father, ☐ Maternal Grandparent(s), ☐ Paternal Grandparent(s), ☐ Maternal Aunt, ☐ Maternal Uncle ☐ Paternal Aunt, ☐ Paternal Uncle, or ☐ Non -Relative.

5. The name and present address of each child (under 18) in this case is:

_____ DOB: _____
Child Name

Address: _____

_____ DOB: _____
Child Name

Address: _____

_____ DOB: _____
Child Name

Address: _____

_____ DOB: _____
Child Name

Address: _____

6. Since the child(ren) was/were adjudicated dependent, there has been a substantial change in circumstances. (List the changes that have taken place justifying a change in primary parental responsibility/custody of the minor child and/ or visitation.)

_____
_____
_____
_____
_____
_____
_____

✓ if applicable

____ Petitioner has completed the Court Ordered Case Plan ☐ yes or ☐ no.
Note: Proof of completing the Case Plan must be provided with request

____ The petitioner requests a review for modification of custody.

____ The petitioner requests a review for modification of visitation.

____
Other_____
_____
_____
_____

The other party has failed to comply with the court orders by failing to comply with one or all of the following:

____ Pay child support as ordered.
____ Provide medical/health insurance coverage for minor child(ren) as ordered.
____ The other party has failed to abide by court ordered visitation.
____ Other
_____
_____
_____

I CERTIFY that a copy of this motion has been furnished to the Department of Children and Family Services and the Custodial Parent on this _____ day of _____, 20____.
By☐ Mail ☐Fax or ☐Hand Delivered

_____
Petitioner/Natural Parent(s)

_____
Address

_____
City/State

_____
Telephone Number

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Acknowledge before me on this ____ day of _____, 20___, who is ☐ Personally known to me or ☐ who has produced to me _____ driver license number_____ as identification, and who did take an oath.

_____
DEPUTY CLERK OR NOTARY SIGNATURE

_____
NOTARY PRINT NAME

_____
COMMISSION NUMBER

Revised 07/21/2021